



**STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE  
DIVISION OF FIRE PREVENTION**

**Administrative Services Section  
500 James Robertson Parkway, 3rd. Floor  
Nashville, TN 37243  
Phone (615) 741-2981 – Fax (615) 741-1583**

**CODE INSPECTOR COURSE SUBMITTAL FORM**

**Date:**

**NUMBER & TYPE OF CONTACT HOURS ASKED FOR:**

<b>FIRE</b>	<b>Core:</b>	<b>Elective:</b>	<b>BUILDING</b>	<b>Core:</b>	<b>Elective:</b>
<b>PLUMBING</b>	<b>Core:</b>	<b>Elective:</b>	<b>MECHANICAL</b>	<b>Core:</b>	<b>Elective:</b>

**COURSE #:** \_\_\_\_\_ **Hrs. Approved:** \_\_\_\_\_ **Approved By:** \_\_\_\_\_

**COURSE TITLE:**

**DATES(S) OF COURSE(S):**

**LOCATION OF COURSE(S):**

**INSTRUCTOR'S NAME:**

**Sponsoring Agency:**

**PERSON(S) REQUESTING  
APPROVAL FOR  
CONTACT HOURS:**

**ADDRESS:**

**PHONE # (     )**

**FAX # (     )**

**e-mail**

[illegible]

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Make Copies As Needed For Courses.

[illegible]

Date Submitted: \_\_\_\_\_

## INSTRUCTOR'S INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Education:

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\_\_\_\_\_

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Work History:

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Teaching Experience (last 5 years):

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\_\_\_\_\_

